



## **C I T Y   O F   A T L A N T A**

**OFFICE OF CONTRACT COMPLIANCE  
55 TRINITY AVENUE, SW, SUITE 1700  
ATLANTA, GEORGIA, 30303  
OFFICE (404) 330-6010  
FAX (404) 658-7359**

### **THE EQUAL BUSINESS OPPORTUNITY PROGRAM CERTIFICATION RE-CERTIFICATION AFFIDAVIT**

**Dear EBO Re-Certification Applicant:**

It is the responsibility of Certified M/FBEs to submit a RE-CERTIFICATION AFFIDAVIT no later than two (2) months prior to the expiration date of your previous certification.

If you wish to be re-certified, please complete the attached EBO Re-Certification Affidavit. Your signature must be notarized on the last page of the affidavit and returned to the Office of Contract Compliance along with a copy of your current business license and list of current projects and equipment. Be advised that other documents may be requested in order to complete the processing of your re-certification affidavit.

Please return your re-certification package to:

City of Atlanta  
Office of Contract Compliance  
55 Trinity Avenue, SW  
Suite 1700  
Atlanta, GA 30303

If you have any questions, please contact the Office of Contract Compliance at (404) 330-6010.

## Available NAICS Codes For Certification

<b>Business Type</b>	<b>NAICS Code</b>	<b>Business Type</b>	<b>NAICS Code</b>
Accounting	5412	Debt Collection	561440
Advertising/Marketing	541810	Demolition	238910
Airport Services	488119	Development	926110
Architecture	541310	Drywall	238310
Asbestos Abatement	562910	Educational Services	61
Attorneys	541110	Electrical Contracting	238210
Audio Visual Services/Audio Visual Supplies	443112	Electrical Supplies	444190
Automotive Sales/Supplies/Services	8111	Elevator Services	238290
Background Investigation	5616	Employment Services	5613
Banners	314999	Engineering	541330
Bridges/Tunnels	237990	Environmental Consultant	541620
Business Consultant	541611	Equipment Supplies	421610
Cable Services	515210	Erosion Control	237310
CADD	541512	Excavation	238910
Carpentry	238350	Hauling/Trucking	484110
Catering	722320	Hazardous Material Management/Removal	562211
Chemicals	424690	Healthcare Services	524114
City Planning/Urban Design	541320	Heavy Construction	532412
Computer Services	541519	HVAC	238220
Computer Supplies	423430	Hydraulics	811310
Concessions (Retail Trade)	44	Insulation	238310
Concrete/Paving	238110	Insurance/Bonding	524126
Construction Management	236220	Interior Construction	236116
Construction Steel	331111	Interior Design	541410
Construction Supplies	423610	Janitorial Services	561720
Counseling	642190	Janitorial Supplies	423850
Courier/Mailing Services	492110	Landscaping	561730
Data Processing	518210	Limousine Services	485320

<b>Business Type</b>	<b>NAICS Code</b>	<b>Business Type</b>	<b>NAICS Code</b>
Mapping	541360	Retail Goods & Services	45
Masonry	238140	Roofing	235610
Medical Supplies	423450	Security Services	56121
Noise Abatement	238310	Shuttle Services	485999
Office Furniture/Office Supplies	423210	Signage	541890
Painting/Wall Covering	238320	Special Event Planning	711310
Parking Management	812930	Stenography/Court Reporting	561492
Pest Control	561710	Telecommunication Services	541618
Photography	541922	Tents	314912
Pipelaying/Piping	237110	Towing Services	488410
Plumbing	238220	Traffic Control	541330
Pressure Cleaning	561790	Trash Removal	562111
Printing & Publishing	32311	Uniforms	315211
Professional Training	61143	Utilities Construction	541618
Promotions	541913	Valet Parking	812930
Property Management	53131	Vehicle Cleaning/Detailing Services	81192
Public Relations	541820	Vending	454210
Real Estate	531	Warehousing & Storage Services	4931
Recycling	562111	Water Meter Service/Repair	23820
Renovations	238160	Water/Sewer	562998
Retail Food	722310	Welding	811310

**EQUAL BUSINESS OPPORTUNITY (EBO)  
RE-CERTIFICATION AFFIDAVIT**

\_\_\_\_\_  
Name of Business Enterprise

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, County, State, Zip Code

\_\_\_\_\_  
Federal Tax ID #

\_\_\_\_\_  
Principal Place of Business at time of Previous Certification

Project Pending:                \_\_\_\_\_yes                \_\_\_\_\_no

Name of Project: \_\_\_\_\_

FC# \_\_\_\_\_ Bid Date \_\_\_\_\_

**Controlling Owner's Ethnicity is:**

\_\_\_\_\_ African American Business Enterprise

\_\_\_\_\_ Asian Business Enterprise

\_\_\_\_\_ Female Business Enterprise

\_\_\_\_\_ Native American Business Enterprise

\_\_\_\_\_ Hispanic Business Enterprise

**The Legal Form of Business is:**

\_\_\_\_\_ Corporation

\_\_\_\_\_ Partnership

\_\_\_\_\_ Limited Partnership

\_\_\_\_\_ Sole Proprietor

\_\_\_\_\_ Limited Liability Company

Select from the NAICS codes list included in this packet, up to three (3) specific areas under which your business should be listed in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY REGISTER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In an effort to become certified for participation in the City of Atlanta's  
EQUAL BUSINESS OPPORTUNITY PROGRAM, affiant/applicant offers the  
following information as evidence of its qualifications:

**1.**

The name of the principal, owner, partner, or corporate officer or manager (in the case of an LLC) is:

\_\_\_\_\_

Title: \_\_\_\_\_ Office # \_\_\_\_\_

Pager: ( \_\_\_\_\_ ) Mobile #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Is the principal owner a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If NO, is the principal owner a lawful permanent resident of the United States?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**2.**

The Mailing Address of the Enterprise: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal Place of Business of the Enterprise: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) Fax( \_\_\_\_\_ ) \_\_\_\_\_

**3.**

List the first year and most recent year this enterprise was certified by the City of Atlanta:

First year \_\_\_\_\_ Most recent period of certification \_\_\_\_\_ EBO Cert.# \_\_\_\_\_

**4.**

Has this business enterprise been certified by other M/FBE Programs?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, attach documentation

5.

Has this business enterprise been denied certification by other M/FBE Programs?

\_\_\_\_\_Yes \_\_\_\_\_No

If YES, attach documentation

6.

Has there been any change in the ownership of this business enterprise since its most recent City of Atlanta EBO Certification?

\_\_\_\_\_Yes \_\_\_\_\_No

If YES, describe changes in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation which supports the changes. \_\_\_\_\_

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7.

Has there been any change in the management of this business enterprise since its most recent City of Atlanta EBO Certification?

\_\_\_\_\_Yes \_\_\_\_\_No

If YES, describe changes in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation which supports the changes. \_\_\_\_\_

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8.

Has there been any change in the type of business being conducted by the business enterprise since its most recent City of Atlanta EBO Certification?

\_\_\_\_\_Yes \_\_\_\_\_No

If YES, list capabilities in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation which supports the changes. \_\_\_\_\_

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9.

The name(s) and capacity of those persons authorized to sign checks from the main (operating) checking account are as follows:

Name	Capacity	Name of other Joint Signatories required

The undersigned does hereby swear or affirm that the statements contained in this EQUAL BUSINESS OPPORTUNITY CERTIFICATION AFFIDAVIT and all attachments herein which have been provided in support of the foregoing application for certification are true, accurate, complete and includes all information necessary to identify and explain the ownership and operation of

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Name of Business Enterprise

Further, the undersigned does covenant and agree to provide the City of Atlanta's Office of Contract Compliance with current, complete and accurate information regarding this Affidavit, its attachments or any other information deemed reasonably relevant to any project or contract issued by the City of Atlanta. The undersigned further agrees that as part of this certification procedure, OCC may freely contact any person or organization named in this application to verify statements made in this application and/or to secure additional information or data required to grant to or withhold from the applicant enterprise certification as a Minority-owned Business Enterprise or a Female Business Enterprise. The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s); audit(s); and/or examination(s) will be grounds for immediate rejection of this application for certification or re-certification. It is recognized and acknowledged that the statements contained in this application are being given under oath and that any material misrepresentation shall be construed and deemed to be subject to Section 17-11012 of the City of Atlanta's Criminal code of Ordinances in addition to being grounds for denial of certification or for de-certification and may result in the denial of an award or the termination of contract which may have been awarded as a result of the information contained in this application.

The undersigned further acknowledges that information contained in this application may be shared with any public department or agency so long as the sharing of such information is in reasonable furtherance of the OCC investigation. It is further understood that certification will be revoked if after proper investigation by OCC, the applicant is determined to be engaging in activities which circumvent the intent of the EBO Program.

## **PROHIBITIONS AGAINST FALSE AND FRAUDULENT REPRESENTATIONS TO THE CITY**

Pursuant to Atlanta City Code Section 106-90, it shall be unlawful for any person, knowingly and willfully and with intent thereby to mislead either on such person's own behalf or on behalf of others, as principal or agent, to make or file orally or in writing any false representations of fact to any department of City government. The City will impose applicable penalties and sanctions against any person making such false representation in connection with the City's Equal Business Opportunity Program. In addition, the City will seek all available remedies under Georgia and Federal statutes against any person who knowingly, willfully or fraudulently attempts to obtain certification as a minority or female business enterprise.

**ATTESTATION:** I CERTIFY THAT ALL REPRESENTATIONS IN THIS CONTRACT EMPLOYMENT REPORT ARE CORRECT AS OF THE DATE STATED. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT CERTIFICATION IS NORMALLY REVIEWED EVERY TWO YEARS, HOWEVER, THE OFFICE OF CONTRACT COMPLIANCE RETAINS THE RIGHT TO RE-EVALUATE THE CONTENTS OF THIS APPLICATION AT ANYTIME. THE UNDERSIGNED ALSO SWEARS OR AFFIRMS THAT THE COPIES OF THE RECORDS WHICH ARE ATTACHED HERETO AND IDENTIFIED WITH ALPHABETIZED TABS ARE TRUE AND CORRECT COPIES OF THE BUSINESS RECORDS AS MAINTAINED BY THE UNDERSIGNED ON BEHALF OF

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(Name of Enterprise)

The undersigned further acknowledges that certification is normally reviewed every two years; however, OCC retains the right to re-evaluate the contents of this application at any time.

**Name of Person Signing: (Print)**\_\_\_\_\_

**Title of Person Signing: (Print)**\_\_\_\_\_

**Signature:**\_\_\_\_\_  
(Must match name of person signing)

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**Notary Public (Must exhibit seal and stamp to be acceptable)**



**CITY OF ATLANTA**  
**Contract Employment Report**

PLEASE TYPE OR PRINT IN INK. EACH APPLICABLE ITEM ON THIS FORM MUST BE COMPLETED.  
**INCOMPLETE FORMS WILL NOT BE PROCESSED.**

**NAME OF FIRM:** \_\_\_\_\_ **TELEPHONE NO.:** \_\_\_\_\_

**NAME OF OWNER:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

WHAT TYPE OF BUSINESS WOULD YOUR COMPANY BE ENGAGED IN WITH THE CITY OF ATLANTA?

\_\_\_\_\_

IS YOUR COMPANY AN AFFILIATE OR DIVISION OF A PARENT COMPANY?

\_\_\_\_\_

IF YOUR COMPANY IS A DIVISION OF A PARENT COMPANY, A CONTRACT EMPLOYMENT REPORT FORM MUST BE COMPLETED FOR THE PARENT COMPANY AS WELL AS THE ATLANTA AREA DIVISION.

HAS YOUR COMPANY PREVIOUSLY RECEIVED AN EEO CERTIFICATION FROM THE CITY OF ATLANTA?

\_\_\_\_\_

**PLEASE LIST THE NUMBER OF EMPLOYEES IN EACH CATEGORY**

	Management/ Officials		Professionals Arch, Engineers, etc		Supervisors		Office/Clerical/Sales		Craftsmen/ Laborers	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Black										
White										
Asian American										
Native American										
Hispanic										
Other										
<b>TOTAL</b>										

**I CERTIFY THAT ALL REPRESENTATIONS ON THIS CONTRACT EMPLOYMENT REPORT FORM ARE CORRECT AS OF THE DATE STATED.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT PREPARER'S NAME**

\_\_\_\_\_  
**PREPARER'S SIGNATURE**

\_\_\_\_\_  
**TITLE**